

Applicant: Complete all sections A thru D
(Print or Type)

TOWN OF NEW BERLIN

PERMIT EXPIRES DECEMBER 31, 20____
ACCOUNT:_____
PERMIT:_____

A-SIGN OWNER

NAME _____
STREET _____
CITY _____
STATE _____ ZIP _____
TELEPHONE
NO. _____

B-PROPERTY OWNER

NAME _____
STREET _____
CITY _____
STATE _____ ZIP _____
TELEPHONE
NO. _____

C-SIGN LOCATION

ROUTE _____
COUNTY _____
TAX MAP _____
C/T/V OF: _____
DIRECTION OF TRAVEL: N S E W (CIRCLE ONE)
SIDE OF HIGHWAY: L R (CIRCLE ONE)
DISTANCE FROM SIGN TO PAVEMENT
CENTER LINE _____ FEET

SIGN & OUTDOOR ADVERTISING APPLICATION AND PERMIT

D-SIGN DESCRIPTION

TYPE OF SIGN _____ NO. OF FACES _____
SIGN ELEVATION (CHECK APPROPRIATE
BOX)
___ GROUND ___ ROOF ___ WALL ___ OTHER ___

DOES SIGN HAVE MOVING PARTS _____
DIMENSIONS OF SIGN (IN FEET)

VMS CYCLE
6 SEC 24 HR

HEIGHT LENGTH AREA
FACE 1 ___ X ___ = ___
FACE 2 ___ X ___ = ___
FACE 3 ___ X ___ = ___
FACE 4 ___ X ___ = ___

IS SIGN ILLUMINATED? YES ___ NO ___
PROVIDE QUALIFYING BUSINESS
ACTIVITY:

DISTANCE FROM SIGN TO QUALIFYING
BUSINESS ACTIVITY: _____ FEET

SIGNATURE OF PERMITTEE
DATE

COMMENTS:

APPROVED

BY: _____
PLANNING BOARD CHAIRPERSON

DATE: _____